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BUMED Spotlight

This issue highlights the Navy Medicine Manpower Personnel, Training and Education Command (NMPT&E).

Navy and Marine Corps Medical News

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Hospital Ship Comfort to Support Operation Unified Response Haiti

By MC2 Shannon Warner, USNS Comfort Public Affairs

BALTIMORE, Md. – Military Sealift Command hospital ship USNS Comfort (T-AH 20) departed Jan. 16, 2010, to Haiti, where more than 800 military and civilian aid workers aboard the ship will provide relief in response to the 7.0 magnitude earthquake that struck the Caribbean nation Jan. 12.

President Barack Obama activated the ship, which houses one of the largest trauma facilities in the U.S., Wednesday due to its capability to provide a full spectrum of surgical and medical services.

"The Navy is capable with this vessel, with the large decks, with the men and women we have and

with the aircraft to do a couple of things," said U.S. Navy Surgeon General Vice Adm. Adam M. Robinson. "Number one, we have the logistical support that is necessary to come and help (overcome) the true catastrophe that is the earthquake in Haiti; number two, is we have the men and women who are trained and have the skill sets who are ready to go and to go into harms way to help someone else, which is what humanitarian assistance and disaster relief is all about."

American Red Cross reports indicate that 45,000-50,000 people died in the initial wave of devastation brought by the earthquake, but

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PORT-AU-PRINCE, Haiti—Medical personnel from the multi-purpose amphibious assault ship USS Bataan (LHD 5) provide medical care to a woman airlifted to Bataan from a small village in the vicinity of Port-au-Prince, Haiti, Jan. 19, 2010. Bataan is supporting Operation Unified Response, a joint operation providing humanitarian assistance following a 7.0 magnitude earthquake that devastated the island nation Jan. 12, 2010. (U.S. Navy photo by Mass Communication Specialist 3rd Class Ryan Steinhour/Released)

Admiral's Call by the Surgeon General of the U.S. Navy Vice Admiral Adam M. Robinson, Jr.

Spotlight on Navy Medicine Manpower, Personnel, Training & Education (NMMPT&E)

From my first day in a Navy uniform I recognized that medical education is inextricably linked to operational readiness. All of us must be properly trained to execute our mission. Exceptional graduate and enlisted medical education and training programs are essential to maintaining healthcare excellence. World class health care organizations invest heavily in medical education, and Navy Medicine is no exception. Medical education is the pipeline which provides both enlisted and officer personnel with the skills to maintain the health and readiness of our fighting forces and their families - ensuring that the Navy and Marine Corps maintain their world supremacy as a fighting force and humanitarian service providers.

The backbone of our premier medical education and training program is the Navy Medicine Manpower, Personnel, Training and Education Command (NMMPT&E). Officer and Enlisted Learning Continuums, Medical Officer Accession Programs, Graduate Medical Education, Operational Readiness and Specialty Training, Postgraduate Dental Residences and much more are all components of NMMPT&E. In short -- NMMPT&E is the pipeline which ensures we produce the world's best military healthcare personnel to support our Nation by delivering the right number of people, at the right time, with the right skills, at the best value.

The innovations that stem from NMMPT&E drive Navy Medicine's vision of total workforce management and lifelong learning. One such innovation is the work underway in the development of the Navy Medicine Training Center (NMTC) in San Antonio, Texas. The majority of existing Navy enlisted

medical education training programs is scheduled to move to San Antonio as part of the 2005 Base Closure and Realignment Commission (BRAC) initiative. The BRAC requires Navy and Air Force medical enlisted training courses to relocate to Fort Sam Houston, Texas, the location of the Army Enlisted and Officer Medical Training programs.

The movement and co-location of all enlisted medical training to Fort Sam Houston will be a significant and ambitious undertaking. This new tri-service

"NMPT&E is the pipeline which ensures we produce the world's best military health care personnel to support our Nation by delivering the right number of people, at the right time, with the right skills, at the best value."

command will be the Medical Education Training Campus (METC). METC is scheduled to open in phases beginning 2010 and will be the largest consolidation of service training in DoD history. Navy commands moving include: the Naval School of Health Sciences (NSHS) San Diego; NSHS Portsmouth, Va.; and the Naval Hospital Corps School (NHCS) Great Lakes, Ill. The first phase of Navy students is scheduled to begin training in these facilities in June 2010. The target date for all Navy students to train at Fort Sam Houston is prior to 15 Sep 2010,



the BRAC deadline.

Once these moves are completed, the average daily student census will be approximately 8,700 Sailors, Soldiers, and Airmen, - making METC the world's largest military medical education and training institution. Of the 8,700 enlisted students, approximately one-third or 2,600 are expected to be Navy. The Army average daily student load is expected to be about 4,900, with the Air Force will enroll roughly 1,200 students.

I am committed to an integrated inter-service education and training system that leverages the assets of all DoD healthcare practitioners yet maintains the unique skills and capabilities that our hospital corpsmen bring to the Navy and Marine Corps - in hospitals, clinics, at sea, and on the battlefield.

Navy Medicine has a well-earned reputation for education excellence. Our medical education capabilities are force multipliers. They enable us to execute our force health protection mission by integrating the latest technologies and practices in how we deliver care and conduct research. This relentless pursuit of continuous improvement also puts us in a position to stay ahead of the curve as we operate in a rapidly changing environment.

New Life Saving Course Offers Up-to-Date, Realistic Training

By Cpl. Bobbie A. Curtis, 2nd Marine Logistics Group

CAMP LEJEUNE, N.C. — Sailors and Marines from 2nd Marine Logistics Group unveiled a new and improved way to teach combat life saving skills during the opening of their new Tactical Combat Casualty Care and Combat Life Saving Simulation Lab aboard Camp Lejeune, N.C., December 2009.

The new, three-day class combines traditional TCCC/CLS subjects including hemorrhage control, airway management, burn injury, shock and individual first aid with a new urban combat simulation, built

and operated by the sailors of Bravo Surgical Company, 2nd Medical Battalion, 2nd MLG.

According to Lt. Cmdr. Troy L. King, company commander, Bravo Surgical Company, the new training environment is a huge improvement over the traditional way of teaching CLS.

He explained that in previous courses students would learn the material and then undergo practical application using life-like mannequins in a class room environment.

In the refurbished course, students learn the material and are then tested in a simulated urban

combat environment, better assessing their abilities at a standard they may use in real world situations.

Petty Officer 2nd Class Tim O. Moore, a hospital corpsman with Bravo Surgical Company, explained that the simulated environment makes students use combat tactics while responding to casualties in a smoke-filled area while bright lights and loud combat sound effects fill the room.

"It gets them thinking in a tactical mindset," he said. "The intent of the lights, smoke and sound effects

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COMFORT

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many more are injured or at risk of illness, making Comfort a beacon of hope for millions.

"We plan to care for people medically, mentally and spiritually. We plan to bring the whole person concept to help heal the nation of Haiti," said Lt. Janette Arencibia, planning operations medical intelligence officer aboard Comfort. "The person who needs us the most may be physically okay but mentally devastated."

The ship was in reduced operating status with a skeleton crew of 18 civil service mariners and a hospital support staff of 58 military personnel who care for the ship's medical facilities when the call came to deploy to

Haiti. While the ship is designed to be activated, fully staffed and ready to sail in five days, crewmembers and embarked personnel from Bethesda, Portsmouth and San Diego medical centers, as well as numerous other commands, completed all deployment preparations in less than 96 hours.

Comfort departed her homeport of Baltimore with approximately 850 Sailors and civilians aboard who have the capability to support 250 patient beds.

"There are hundreds of people helping from San Diego, from Portsmouth and, especially, from Bethesda where we pulled the bulk of the medical staff to get people here," said Capt. Jim Ware, commanding officer of the medical treatment facility on board Comfort. "We are very, very prepared to do this mission."

PORT-AU-PRINCE, Haiti—Cmdr. Jerry Berman, left, a Navy surgeon, Dr. Henry R. Ford, Los Angeles Pediatric Hospital Surgeon-in-Chief originally from Haiti, Dr. Sanjay Gupta, a CNN medical correspondent and practicing neurosurgeon, and Lt. Cmdr. Kathryn Berndt, a Navy surgeon, prepare a 12-year-old Haitian girl with a severe head injury for surgery aboard the Nimitz-class aircraft carrier USS Carl Vinson (CVN 70), Jan. 18, 2010. Surgeons removed a piece of concrete from the child's brain caused by the earthquake in Haiti. Carl Vinson and Carrier Air Wing (CVW) 17 are conducting humanitarian and disaster relief operations as part of Operation Unified Relief after a 7.0 magnitude earthquake caused severe damage near Port-au-Prince on Jan. 12, 2010. (U.S. Navy photo by Mass Communication Specialist 2nd Class Michael C. Barton/Released)



NEMTI Trains 1,600 Sailors Annually for Deployment

By MC1 (SW) Arthur N. De La Cruz,
Navy Medicine Support Command,
Public Affairs

The Naval Expeditionary Medical Training Institute (NEMTI) at Marine Corps Base Camp Pendleton, Calif., manages and conducts pre-deployment training for Navy Medicine personnel.

NEMTI reports to Navy Medicine Support Command via the Naval Operational Medicine Institute (NOMI) in Pensacola, Fla., and Navy Medicine Manpower, Personnel Training and Education Command (NMMPT&E) in Bethesda, Md. Navy Trauma Training Center (NTTC) in Los Angeles, Calif. reports directly to NEMTI.

NEMTI, in conjunction with NTTC, provides training to more than 1,600 students per year in two locations. NEMTI provides "Just-In-Time (JIT)" Pre-Deployment Training to personnel assigned to expeditionary medical units, whereas NTTC trains medical personnel on the latest advanced trauma life saving techniques.

"We offer training programs that prepare all medical personnel for deployment," said Capt. Mitchell Dukovich, MSC, NEMTI Officer In charge (OIC). "Our curriculum includes CENTCOM- and BUMED-specified requirements. In addition, we offer Expeditionary Medical Facility (EMF) training."

The 14-21 day JIT Training Program curriculum runs the gamut – from Tactical Combat

CAMP PENDLETON, Calif. - Expeditionary Medical Facility Kuwait (Juliet) provides convoy security while members provide tactical Combat Casualty Care under the watchful eye of Naval Expeditionary Medical Training Institute (NEMTI) and Improvised Explosive Device (IED) contract instructors. (Courtesy photo)



Casualty Care (TCCC) to Improvised Explosive Device (IED)/Convoy Operations.

"The IED/Convoy Operations Security Training Course course is designed to teach students how to recognize the presence of an IED," Dukovich said. "In this course, students are embedded in an actual Marine convoy that maneuvers through training grounds where they eventually face simulated surprise IED attacks. During these attacks, students are trained on how to quickly set a security perimeter, and expeditiously and safely evacuate the wounded so that others can practice their combat medical skills, treating moulaged manikins and sometimes actual moulaged human volunteers. NEMTI is the only medical unit

providing this training," he added.

The student body is comprised of Active and Reserve Medical Department Personnel, ranging from Navy physicians, nurses, ancillary providers and Hospital Corpsmen, to non-medical Navy support personnel who are preparing for Individual Augmentee deployments.

NTTC offers a 21-day "rotator" training course at Los Angeles County-University of Southern California (LAC+USC) Medical Center, east of downtown Los Angeles. Its mission is to provide didactic training and clinical trauma exposure to enhance every student's medical knowledge and trauma team skills. The course

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TRAINING

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is to disorient the caretaker in a manner of which they might experience in combat."

"I have deployed a couple of times and this is the most realistic training I have ever seen," he added.

The realistic mannequins perform a number of human-like processes such as bleeding and breathing; they even have voice capabilities and can make sounds that one may make while injured.

"This is a great initiative on the part of [2nd Medical Battalion]," said Brig. Gen. Juan G. Ayala, commanding

general, 2nd MLG. "The training I observed was as realistic as I've ever seen ... In my opinion, this training will save the lives of Marines and Sailors."

Navy Capt. Efren S. Saenz, the commanding officer of 2nd Medical Battalion, said the realistic new course will help his battalion better prepare Marines and sailors for combat situations now and in the future.

"With this Tactical Combat Casualty Care and Combat Life Saver Simulation Lab we will be able to meet our requirements to continue to train our sailors within the MLG," he said of the new facility. "In the future we will be able to facilitate [II Marine Expeditionary Force] units so they can do their TCCC and CLS training."

Got News? If you'd like to submit an article or have an idea for one, contact MEDNEWS at 202-762-3160, fax 202-762-1705 or Valerie.Kremer@med.navy.mil.

NOMI'S Operational Readiness Training Goes Global

By Larry Coffey, Navy Medicine Support Command, Public Affairs

From corpsmen deployed with the Marines, to doctors and nurses serving with Expeditionary Medical Facilities, to administrators and independent-duty corpsmen serving on aircraft, ships and submarines, the mission is to save lives.

The Naval Operational Medicine Institute (NOMI) supports Navy Medicine's life-saving mission by training these medical professionals – and in some cases the warfighters themselves – for theater-specific contingencies.

Navy Medicine Manpower, Personnel, Training and Education Command (NMMPTE) has oversight of Navy Medicine's education and training programs, including NOMI and its operational training detachments and centers.

Headquartered at Naval Air Station Pensacola, Fla., NOMI is responsible for six detachments and nine training centers in 46 facilities spread across the U.S. More than 600 personnel support some 65

instructional programs within aviation, surface and undersea warfare, expeditionary forces, and special operations. These 600-plus leaders of operational readiness training support the Navy, other U.S. armed forces and U.S. allies globally to help ensure their combat readiness.

The largest NOMI detachment is the Naval Survival Training Institute (NSTI). NSTI's 259 professional staff and trainers in eight state-of-the-art Aviation Survival Training Centers across the nation work directly with Naval and allied aviators to ensure survival of mishaps and hostilities.

"NSTI exists because historically 80 percent of aviation mishaps are caused by human factors," said Capt. Jeff Andrews, NSTI Officer in Charge (OIC). "Our mission is to provide safe and effective aviation survival and human performance training to meet CNO requirements. We follow the belief 'train like you fight' and strive to provide the most updated, realistic and operationally



PENSACOLA, Fla. - Navy Lt. Robin Staatz, P-3, conducts descent procedures in front of a class with the virtual reality trainer. (Courtesy photo)

relevant training possible."

Also in Pensacola is the Naval Aerospace Medical Institute (NAMI). NAMI is the Navy's sole source for training flight surgeons and other aerospace medical health care professionals and residents. Their

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Navy Nurse Graduate Programs Meet Ever-Changing Needs

By Valerie A. Kremer, Bureau of Medicine and Surgery Public Affairs

Amid the challenges associated with recruiting and retention of civilian nurses for federal service positions within Navy Medicine activities, especially within Military Treatment Facilities (MTFs), the Bureau of Medicine and Surgery through Navy Manpower, Personnel, Training and Education Command (NMPT&E) has created a solution to meet those challenges- the Graduate Program for Federal Civilian Registered Nurse (GPFCRN).

The GPFCRN allows federal civilian nurses the opportunity to pursue full-time graduate programs in nursing while still working full time.

"Navy Medicine has implemented this program designed to cultivate clinical expertise and grow future nursing leaders within their civilian workforce," said Cmdr. Kenneth A. Pagé, NC, Associate Dean, Nurse Corps Programs, NMPT&E.

Since the program piloted in FY09, five individuals have been selected for this two-year program, starting for academic year 2009-2010.

Government Service Federal civilian nurses participating in the GPFCRN receive full pay and allowances of their grade permanent position. BUMED through NMPT&E pays tuition and associated

educational fees.

Conceived under a Nurse Workforce Shaping initiative chartered by the Navy Nurse Corps in 2007, the GPFCRN provides opportunities to meet critical advanced education needs, thereby enabling Navy nursing to fulfill its missions.

Nursing advance graduate education is critical especially during war, particularly as manning demands increase in the critical wartime specialties (Emergency/Trauma nursing, Psychiatric, Mental Health, Critical Care, and Family Nurse Practitioner).

"We have certainly concentrated Graduate Nursing opportunities for advance education on Nursing specialties such as Emergency/Trauma, Psychiatric Mental Health, and Critical Care to meet not only the manning demands but sending our students to graduate school to learn the most advanced and progressive theories and training in those specialties," said Pagé.

The GPFCRN may be targeted to regions most impacted by the military-to-civilian conversions or to activities where greater numbers of civilian nurses are forecast.

Pagé added that civilian nurses are critical to Navy nursing and Navy Medicine's capabilities to deliver world-class care.

Naval Dental School Orofacial Pain Center Has Unique DOD Mission

By Navy Medical Manpower, Personnel, Training and Education, Public Affairs

The Orofacial Pain Center at the Naval Postgraduate Dental School is the only dedicated mouth, face and head pain-treatment facility within the Department of Defense. In addition to patient care and world-wide consultative services, the OPC is the site of the only orofacial pain postgraduate training program in DOD and is one of just 10 such programs in the United States. Orofacial pain is pain in the face and oral region.

The Center became a subordinate command of the Navy Medicine Manpower Personnel Training and Education Command (NMMPT&E) in May 2009.

"Since 2003, the center has trained nine two-year fellows," said Capt. John Johnson, Residency Director of the Orofacial Pain Center. "OPC fellowship graduates include dental officers from the Navy, Army and Air Force. The center's annual training mission also includes over 100 hours of courses in support of tri-service and VA professional education programs throughout the country."



BETHESDA, Md. - Capt. John Johnson and first year fellow, Lt. Col. Richard Townsend, DC, USAF, review a patient's advanced imaging study at the Orofacial Pain Center, Naval Postgraduate Dental School. (Courtesy photo)

Johnson, a Dental Corps Officer, said those unfamiliar with the OPC are often surprised to discover that patients are not referred to the center for traditional dental pain problems.

"The vast majority of orofacial pain patients have musculoskeletal,

nerve-related and/or headache conditions completely unrelated to their teeth," he said. "Over 60 percent of OPC patients are referred by their medical provider."

The OPC uses a multi-disciplinary patient assessment and management approach toward pain care. Many of the center's patients also have other conditions, such as post-traumatic stress disorders, traumatic brain injuries or fibromyalgia that can contribute to their orofacial pain complaint. The OPC routinely enlists the support of behavioral, rehabilitative and other medical services to meet the multi-faceted concerns often present in orofacial pain patients.

A key research interest of the OPC is the role of stress in chronic pain.

"We constantly strive at the center to translate basic science research findings into therapies that can be applied at the primary-care level," Johnson said. "With the opening of the National Intrepid Center of Excellence on the Bethesda campus, we hope to establish joint research and pain management initiatives to further improve treatment outcomes for patients and their families."

Inauguration of Navy Medicine Research Symposium Series

By Valerie A. Kremer, Bureau of Medicine and Surgery Public Affairs

Initiated for the first time within Navy Medicine, the Navy Medicine Research Symposium Series provides a voice and a forum for work being done by Navy Medical personnel in the research community.

Headed by Dr. Wayman Cheatham, Director, Navy Medical Research and Development Center, as part of the Navy Medicine Institute for the Medical Humanities and Research, the research series kicked off its first symposium last month with resounding success.

The symposium is one of twelve scheduled for this year.

"The Research Symposium Series was developed to provide a method and vehicle to highlight the

expansive research and clinical investigation activity that's being conducted by Navy Medicine scientists and clinical professionals", said Cheatham.

The symposium also serves as a forum for non-medical and non-scientific military, civilian, and Navy Medicine leadership to learn and understand what is being done within Navy Medicine research.

"Research and development is critical to Navy Medicine's success and ability to remain agile to meet the needs of our warfighters," says Vice Adm. Adam M. Robinson, Jr., Surgeon General of the Navy. "Our R&D programs are truly force-multipliers and enable us to provide world-class healthcare to our beneficiaries."

The next symposium in early February will focus on Traumatic

Head and Brain Injury and its acute repair, treatment, and restorative function, as well as PTSD and psychological trauma. Presenters include Dr. Rocco Armonda, Neurosurgery, National Naval Medical Center (NNMC) and James Giordano, Director of the Center for Neurotechnology Studies and Chair of Academic Program of Potomac Institute of Policy Study. The symposium will take place in the Rotunda at the Bureau of Medicine and Surgery.

Future topics include performance optimization, protection from environmental extremes, mitigation of risk injury in undersea and high altitude environments, and the demonstration of capabilities of early detection and protection of virulent infectious agents.

Navy Barracks in Texas to Open as Early as February

By Larry Coffey, Navy Medicine Support Command, Public Affairs

Progress continues at the Tri-Service Medical Education and Training Campus (METC) at Ft. Sam Houston, TX, in San Antonio with one of two Navy barracks possibly being completed in February and ready for move in as early as March.

A March or April move-in depends on a safe route being established around and through the construction site to the completed building, said Chief Culinary Specialist (CCW/SW) Steven Cheaney, METC Facilities Management Department Leading Chief Petty Officer.

Navy Medicine Manpower, Personnel, Training and Education Command (NMMPTC) has oversight of Navy Medicine's education and training programs, including the Navy's functions within the Tri-Service METC. The Navy Medicine Training Center (NMTTC) was commissioned Feb. 29, 2008, at Ft. Sam Houston and is the Navy command element reporting directly to NMMPTC. NMTTC will support inter-service education and training as the Navy service-element command for the Tri-service METC.

The three barracks nearing completion are part of the 2005 Base Closure and Realignment Commission (BRAC) initiative that co-locates the majority of existing Navy enlisted medical education training programs with Army and Air Force enlisted medical training.

"The barracks are being inspected by the Navy Medicine Training Center (NMTTC) personnel for plumbing and quality of the finished workmanship," Cheaney said. "The inspections are also being conducted by the Army Corps of Engineers, and Army and Air Force personnel."

Military inspectors are working from a "punch list" that details items to be inspected before the barracks are accepted by METC, said Hospital Corpsman 3rd Class Andrew Edwards, a training petty officer from the NMTTC

Staff Education and Training Department.

"The punch list consists of walking into each room and inspecting for plumbing leaks, wall discolorations, torn or pulled-up carpet, damaged walls, damaged furniture and damaged tile, Edwards said.

METC is scheduled to open in phases between 2010 and 2011 and will be the largest consolidation of enlisted service training in DOD history. NMMPTC commands moving to Ft. Sam Houston as part of METC include the Naval School of Health Sciences (NSHS) San Diego; NSHS Portsmouth, Va.; and the Naval Hospital Corps School (NHCS) Great Lakes, Ill.

The first Navy students are scheduled to begin training in the new facilities in June 2010, said Capt. Greg Craigmiles, NMTTC commanding officer.

"The target date for all Navy students to train at Ft. Sam Houston is prior to Sept. 15, 2011, the BRAC deadline," Craigmiles said. "The student load will phase in as the new facilities are completed."

The average daily student load will be about 8,700 Sailors, Soldiers and Airmen in 2011 when the integration is complete, making METC the world's largest military medical education and training institution. Craigmiles said that of the 8,700 enlisted students, approximately 1/3 – 2,600 – are expected to be Navy. The Army average daily student load is expected to be about 4,900, and the Air Force about 1,200.

For Cheaney, being part of building a new command is a once-in-a-lifetime opportunity.

"It is a great feeling to be on the ground floor of a program that will lead to the development of our junior enlisted medical personnel," he said. To see the growth and establishment of the DOD Medical Program is exhilarating. The successes experienced and the challenges overcome by Navy Medicine Training Center (NMTTC), Air Force and Army personnel are a true testament to team work and cooperation."

NEMTI

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affords rotators the opportunity to work alongside LAC+USC and NTTC staff as teams, caring for critically ill and injured patients.

The training schedule includes clinical shifts, formal didactics, case discussions, simulator training and fresh tissue dissection labs. The 650-bed Level-1 LAC+USC Trauma Center is an ideal trauma training environment with more than 25,000 trauma evaluations and more than 6,000 trauma admissions annually. As a Level One Trauma Center in one of the world's largest cities, the daily casualty load is significant with a high volume of

complex trauma patients.

"The LAC+USC Medical Center medical staff is comprised of world-renowned teaching faculty as part of the Keck School of Medicine, offering Navy Medicine personnel some of the best trauma training available," Dukovich said, "Students will work side by side with the NTTC and LAC+USC staff in the care of patients with real injuries as well as participate in simulator training.

"I believe the training opportunities available at the Navy Trauma Training Center in Los Angeles, combined with that of the Naval Expeditionary Medical Training Institute at Camp Pendleton, make us among the finest training facilities in the Navy," Dukovich said. "I am proud of the facilities, and I am especially of the staff."

Would you like to share your deployment story with MEDNEWS? Contact Lt. Holly Lee at 202-762-3773 or holly.lee@med.navy.mil.

A Sailor Reflects on Afghanistan Deployment...

By Capt. J. Jonston, MSC, Expeditionary Medical Facility Kuwait July 2008 to February 2009 Det Hotel

Training First! The training piece prior to deployment meshed us into a team and I feel those friendships will continue to last throughout the remainder of my career. We formed a unit that would watch out for each other as birthdays, anniversaries, and holidays passed by.

It wasn't that we were in direct danger over there, but we were without the support groups we formed along our lives and careers. We didn't see combat casualties routinely, so it was hard to first grasp our purpose for being in Kuwait during our deployment. We saw more disease and sports injuries from those folks who were moving equipment across the border and every once in a while we would have a patient that was actually wounded by the enemy. We were so use to seeing National Guard and Reservists our active duty Marines/Sailors became

the talk of the day.

So here we were the first group to be in a fixed facility for our entire deployment. This was like an overseas tour without family, friends and alcohol. Now what do we do? It was time to put our training into action to make things better. What would be our legacy? Was this going to be business as usual? As the Director for Administration, I had some pretty good ideas of streamlining processes and even had the departments look at process improvements that would help future deployers and patients. In a short time I was amazed at what this fine group of Sailors did every day.

As I look back one of the biggest accomplishments was having 337 people from over 100 different commands and various rates, some of which had never worked with medical assets, and we made it work. Sure we had issues dealing with another service and the way they did things, but

everyone's heart was in the right place. We had to find ways to make it work and be successful. Leadership came from unsuspected places - from those quite people; from the giggling E-3s; from the ward clerk; from that guy who was retiring after this deployment. It was amazing to see the change - it was amazing to see someone go out of their way to make someone else smile when they received bad news from home; it was amazing to see how many birthdays of shipmates were celebrated; it was amazing to see Sailors stepping up to the plate each and every day despite their personal hardships.

This deployment was obviously very different from our other IAs that live under daily hostile conditions, but it was a great experience. It was a great because of the people and what I had the opportunity to see every day. It was Sailors taking care of Sailors and our patients.

NOMI

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aerospace medicine experts also process more than 43,000 aviation special physicals and medical waiver requests annually. In addition to its U.S. Navy

aeromedical training responsibilities, NAMI serves as the preferred site for the U.S. Army and major international members of the aeromedical community.

San Diego is home to the Surface Warfare Medicine Institute (SWMI). SWMI trains doctors, nurses, corpsmen, administrators, and dental and medical technicians to serve aboard ships and projected missions ashore. SWMI is perhaps best known for its Surface Independent Duty Corpsman "C" School.

SWMI's submarine counterparts are at Groton, Conn. The Naval Undersea Medical Institute (NUMI) offers diverse programs that range from training Submarine Independent Duty Corpsman and Undersea Medical Officers to Radiation Health Officers and Radiation Health Technicians.

NOMI's Expeditionary Medical Training Institute (NEMTI) is located at Camp Pendleton, Calif., where the focus is Navy Medicine's Expeditionary Medical Facility and

trauma training for deploying personnel. NEMTI also has oversight of the Navy Trauma Training Center (NTTC) at the Los Angeles County USC Medical Center. Navy Medicine personnel trained at NTTC work alongside Los Angeles County + University of Southern California (LA+USC) Medical Center staff as teams caring for critically ill and injured patients.

Corpsmen, Navy SEALs and other special ops forces are trained to provide medical and humanitarian support special operations. This highly specialized training occurs at the Naval Special Operations Medical Institute (NSOMI) at Fort Bragg, N.C.

"NOMI command has come a long way from its origin in 1946 as the School of Aviation Medicine," said Capt. Lee Cornforth, NOMI commanding officer. "We train more than 24,000 students annually, the largest training throughputs in Navy medicine."

And each one of those 24,000 is one more way to save a life.

Navy and Marine Corps Medical News

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